



Town of Merrillville

7820 BROADWAY
MERRILLVILLE, INDIANA 46410
(219) 769-3501
FAX (219) 756-0542

EUGENE M. GUERNSEY
CLERK - TREASURER

Internal Office Use Only

☐ \$50.00 Application and Inspection Fee Receipt# _____
☐ \$100.00 License Fee Receipt# _____ Received by _____

☐ LPU

Approved: _____ Approval Date: _____
Notes: _____

Business License Application and Recycling Plan

Please complete front and back side of form in full.

Business Information:

Name _____
Business Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Federal ID or SOC of Owner _____
Date Bus. Established _____
Days & Hours of Operation _____
Status of Occupancy (Deed owner, lessee, etc.) _____

Building Property Manager:

Name _____
Phone _____
Email _____

Business Owner Information:

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Key Holder #1:

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

Key Holder #2:

Name _____
Home Address _____
City _____ State _____ Zip _____
Phone _____
Email _____

Alarm Service: *If applicable.*

Monitoring Company Name _____
Phone _____

Please Check the Type of Alarms on Premise

☐ Burglar ☐ Fire ☐ Robbery ☐ Waterflow ☐ Audible
☐ Silent ☐ Other _____

Business Garbage Provider Name: _____

Corporate Information:

If applicable.

Corporation Name _____
Central or District Office Address: _____
City _____ State _____ Zip _____
Phone _____ Fax _____

☐ **Yes please send all business license information to our corporate office.**

Specific Nature of Business:

Please check what applies

☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other _____

Specific Items Produced, Sold, Warehoused, Etc.?

Have you obtained all permits and licenses' required by state and county laws for your type of business? ☐ Yes ☐ No

Are there any hazardous materials on premise? ☐ Yes ☐ No

Please provide the internal site diagram of the business layout and design. On a separate sheet of paper.

Please complete and return with (\$150) payment, payable to the Town of Merrillville, 7820 Broadway, Merrillville, IN 46410

Signature of Applicant _____

Date _____

RECYCLING PLAN

If a recycling plan is used please complete

Recycling Program Point-of-Contact: _____ Phone: _____

Recycling Method Used:

___ Source Separation: _____

___ Post-Collection Separation: Town/County Approval must be attached.

Recycling Materials included in the recycling program

Check all that apply

<input type="checkbox"/>	Corrugated Cardboard	<input type="checkbox"/>	Plastic Containers	<input type="checkbox"/>	Mixed Paper
<input type="checkbox"/>	Wooden Pallets	<input type="checkbox"/>	Magazines/Catalogs	<input type="checkbox"/>	High Grade Paper
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Plastic Film	<input type="checkbox"/>	Ferrous Metals
<input type="checkbox"/>	Metals Containers Including aluminum, steel and bi-metal	<input type="checkbox"/>	Fluorescent Bulbs	<input type="checkbox"/>	Glass Containers including clear, green and brown
<input type="checkbox"/>	High-Density discharge lamp	<input type="checkbox"/>	Renderings including fat, oils, greases		

Source Reduction Methods Implemented

Please check all that apply

- ___ Double-sided copying
- ___ Inter-Office/company envelopes
- ___ Installing reusable furnace or air conditioning filters
- ___ Installing long-lasting energy efficient light bulbs or fixtures
- ___ Reducing fax transmission cover pages to ½ page or stick-on notes
- ___ Using packaging alternatives made of post-consumer recycled materials
- ___ Other measures: _____

Education Program Implemented

Please check all that apply

- ___ Flyers with all proposals and contracts outlining the recycling plan. The importance of recycling, and identifying recyclables and identifying recyclable materials and collection points (attach copy)
- ___ Annual recycling program updates to all employees (attach copy)
- ___ Signs identifying recyclable materials
- ___ Other: _____

Additional Information

Please check all that apply

- ___ Semi-Annual refuse hauler/recycling service provider's recyclable quality report (attach copy)
- ___ Correspondence with the Town (attach copy)